STATE OF GEORGIA
GEORGIA TECHNOLOGY AUTHORITY

ADDENDUM NUMBER: 01 **DATED: March 01, 2001**

REQUEST FOR PROPOSAL NUMBER GTA-0000-11 FOR:

The Georgia Department of Community Health and The Board of Regents of the University System of Georgia
Third Party Administration and System Integration

The attached information is made a part of this RFP. The purpose of this addendum is to provide the following:

1) **Revisions and additions to the RFP and Appendices, as summarized in the attached Table of Amendments; and**
2) **Amended and/or replacement sections of the RFP and/or Appendices, as identified in the attached Table of Amendments and attached to this notice.**

Information concerning this solicitation may be found at:
http://www.gagta.com
Then select "Request for Proposal", "Submit", "Edit", "Find in Page", enter RFP number, "Find Next", double click "Specifications". This will have RFP Q&A and any clarifications, schedule changes, and other important information.
Bidders should check these electronic pages daily!

Note: Review Carefully!

In the event of a conflict between previously released information and the information contained herein, the latter shall control.

NOTE: A signed acknowledgment of this addendum (this page) should be attached to your RFP response. A signature on this addendum does not constitute your signature on the original RFP document. The original RFP response must also be signed in the proper places.

Company Name: _____
Contact Name: _____
Title: _____
Address: _____
_____
Telephone: _____ Fax: _____
E-mail: _____

REQUEST FOR PROPOSAL NUMBER GTA-011
For
The Georgia Department of Community Health and The Board of Regents of the University System of Georgia

Table of Amendments

Amendment		Amended Document	Document Location			
No.	**Date**	**Document**	**Page(s)[1]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	2	N/A	Proposal Letter, Third paragraph, first sentence, insert the word "by"	It is understood and agreed that this proposal constitutes an offer when accepted in writing by the Department of Community Health (DCH); …etc. Please see Attachment 1 for an amended copy of the letter.
1	2/28/01	RFP	5	List of Appendices	Appendix Q	**Note to Bidders:** Please disregard all references to Appendix Q; it has been deleted.

[1] *This is the page number in the RFP issued on the GTA website on 02/14/01.*

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No.	**Date**	**Document**	**Page(s)[1]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	7	1.1.2.4	Simplification of Program Administration, First paragraph, fourth sentence, define acronym for BCBSGA	The vendors supporting BORHP include Magellan/Greenspring; Blue Cross/Blue Shield of Georgia (BCBSGA) managing mental health and substance abuse for the indemnity plan; MedCall (via UniCare); UniCare utilization management; and the Joint Venture.
1	2/28/01	RFP	9	1.1.3	Roles of Prime Contractor	See Attachment 2
1	2/28/01	RFP	10	1.1.3.3	Manage other Contractors	1.1.3.3 Manage Subcontractors (Section title change)
1	2/28/01	RFP	11	1.1.4.2	Compensation for Services	See Attachment 3
1	2/28/01	RFP	12	1.1.4.4	Role of Government Project Team	See Attachment 4

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1	2/28/01	RFP	18-19	1.1.5.6	Consolidation of application systems, (Last paragraph)	We emphasize that when GTA final standards and specifications are released on the GTA Health Portal (see Appendix R for proposed strategy), the prime contractor will be expected to meet them and that these standards and specifications will become part of the portal. Note that Appendix R, State of Georgia Portal Strategy, has been provided in a ".pdf" file on the gagta.com web site.
1	2/28/01	RFP	20	1.2	Basic Guidelines For This Request For Proposals, (Correction to Barry Shepard's e-mail address)	Barry Shepard, Contracting Officer Georgia Technology Authority 100 Peachtree Street, Suite 2300 Atlanta, Georgia 30303-3404 Telephone: 404 463 2300 Fax: 404 463 2334 E-mail: bshepard@gagta.com
1	2/28/01	RFP	20	1.3.1	Bidders' Conference and Pre-Proposal Questions, (First paragraph)	"The DCH will sponsor an optional Bidders' Conference with regard to this RFP on March 9, 2001, in Atlanta, Georgia, at the Georgia Center for Advanced Telecommunications Technology (GCATT). Participation at the Bidders'. . . ."

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No.	**Date**	**Document**	**Page(s)[1]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	21	1.3.1	Bidders' Conference and Pre-Proposal Questions, (Paragraph 8)	A written reply to all questions submitted during the Bidders' Conference, and those submitted by the above-stated deadlines, will be posted in Microsoft Word at the GTA website at www.gagta.com, and in Adobe format at www.communityhealth.state.ga.us.
1	2/28/01	RFP	22	1.6	Contract Term	See Attachment 5
1	2/28/01	RFP	29	2.2.2	Division of Public Employee Benefits, Current Medicaid Transaction Flow flowchart has been revised	See Attachment 6
1	2/28/01	RFP	32	2.2.3	Board of Regents Health Plan	See Attachment 7

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No.	**Date**	**Document**	**Page(s)[1]**	**Section No.**	**Section Heading**	**New or Revised Text is <u>Underlined</u>**
1	2/28/01	RFP	36	3.3	Vendor Requirements and Characteristics, Change "bid due date" to "<u>proposal</u> due date"	In addition, DCH has the following requirements: (Second bullet) ▪ Liquidated damages may be assessed against the prime contractor under the terms and conditions of the contract. Note, that the contract (Appendix N) has not been included in the RFP, but will be provided to bidders at a later date, ~~but~~ prior to the <u>proposal</u> due date. (Fourth bullet) Insert the words "For SHBP/BOR,": <u>For SHBP/BOR, a</u>ll actively-at-work and dependent non-confinement requirements (per HIPAA regulations) must be waived for all eligible plan participants who are covered and hospitalized on the plan effective date.
1	2/28/01	RFP	37	3.3.1	Vendor Characteristics	See Attachment 8

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1	2/28/01	RFP	41	3.5	Deadlines	See Attachment 9
1	2/28/01	RFP	42	3.7	Detailed Services Required	Revise following bullet: ▪ Providing operational support for specified ~~the~~ DCH functions.
1	2/28/01	RFP	44	4.2	Minimum Administrative Requirements, Insert revised bulleted items as indicated in next column	Each proposal must include the following: ▪ Answers to the questions posed in Section 4.6 (Proposal Content Requirements); ▪ <u>Answers to the questions posed in Section</u> 4.7 (Project Management Requirements); <u>Answers to the questions posed in Section 4.8 (Project Approach);</u> . . .etc.
1	2/28/01	RFP	50	4.7.1	Project Organizational Structure	See Attachment 10

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1	2/28/01	RFP	51	4.7.2	Project Staffing during Development and Implementation Period	See Attachment 11
1	2/28/01	RFP	53	4.7.5	Data Conversion	See Attachment 12
1	2/28/01	RFP	54	4.8.1.1	Claims Administration, Customer Services, Integration, and E-commerce System Development and Methodology, Tools, and Platforms	Last item should be bulleted: ▪ <u>Real-time data consolidation, analysis, and reporting from all the DCH transaction processing systems</u>.
1	2/28/01	RFP	55	4.8.1.2	System Enhancements and Testing	See Attachment 13
1	2/28/01	RFP	59	4.8.1.8	Claims and Customer Service Maintenance	Delete the following bullet: ▪ ~~Adding printers and other hardware to the network~~
1	2/28/01	RFP	61	4.8.2.3	Enrollment Application Processing and Eligibility Management	See Attachment 14

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1	2/28/01	RFP	61	4.8.2.4	Voice Communications Plan	See Attachment 15
1	2/28/01	RFP	63	4.8.2.5	Provider Management and Maintenance	See Attachment 16
1	2/28/01	RFP	63	4.8.2.5.2	Provider Appeal Process and Grievance Hearings	See Attachment 17
1	2/28/01	RFP	64	4.8.2.5.5	Nurse Aide Training Programs	See Attachment 18
1	2/28/01	RFP	65	4.8.2.6	Claims Processing	See Attachment 19

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No.	**Date**	**Document**	**Page(s)[1]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	**NEW**	4.8.2.7 (This new section has been inserted between sections previously numbered 4.8.2.6, Claims Processing, and 4.8.2.7, Quality Assurance)	Fraud and Abuse (*New Section*)	See Attachment 20
1	2/28/01	RFP	66	4.8.2.7	Quality Assurance	Has been re-numbered as 4.8.2.8

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1	2/28/01	RFP	67	4.8.2.8	Member Service Management	See Attachment 21. Section has been re-numbered as 4.8.2.9, and all subsections have been re-numbered accordingly, including: 4.8.2.9.1, Member Questions and Complaints 4.8.2.9.2, Member Appeals Process and Grievance Hearings 4.8.2.9.3, Member Interpreter Services 4.8.2.9.4, HEALTH CHECK (EPSDT) 4.8.2.9.5, Medical and Agency Referral Network 4.8.2.9.6, Member Death Data
1	2/28/01	RFP	67	4.8.2.8.2	Member Appeals Process and Grievance Hearings	See Attachment 22; the section is re-numbered as 4.8.2.9.2
1	2/28/01	RFP	68	4.8.2.9	Customer Service Survey	Re-numbered as 4.8.2.10

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1	2/28/01	RFP	68	4.8.2.9.4	HEALTH CHECK (EPSDT)	Delete bullet: ▪ ~~Run report of all Medicaid providers;~~
1	2/28/01	RFP	69	4.8.2.10	Reporting Requirements	Re-numbered as 4.8.2.<u>11</u>. Section now reads: 4.8.2.<u>11</u> Reporting Requirements <u>Within a three (3)-page limit</u>: ▪ Describe how the reporting requirements described in **Appendix J** will be met; <u>and</u> ▪ Describe the approach for training the prime contractor, other subcontractors, DCH and BOR staff, including both claims administration operation and non-claims administration operation staff, in the use of the system and reporting capabilities.
1	2/28/01	RFP	69	4.8.2.11	Functional Requirements	Re-numbered as 4.8.2.12
1	2/28/01	RFP	69	4.8.2.12	Continuous Technology Refresh and Upgrades	Re-numbered as 4.8.2.13

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1	2/28/01	RFP	75	4.10.2	Minimum Turnover Requirements	See Attachment 24
1	2/28/01	RFP	79	5.2	Proposal Minimum Submission Requirements Review	See Attachment 25
1	2/28/01	RFP	79	5.3	Evaluation of Technical Proposal	See Attachment 26. Note underlined change to table, item #2 under "Scoring Category".

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No.	**Date**	**Document**	**Page(s)[1]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	80 and 82	5.4	Evaluation of Cost Proposal	Note the changes to the following paragraph: Accordingly, the contract will run from contract award date through June 30, 2006 (five (5) years), with two (2) renewable one-year options (through June 30, 2008). bidders should bid firm, fixed prices through June 30, 2005. Subsequent to that date, prices for each year's upcoming services may be adjusted by up to the previous 12 months' CPI-U. For the purposes of this proposal, bidders are instructed to assume that CPI-U during this time period is five (5) percent. Further, bidders need to supply cost data for the first five (5) years of the contract. Also, last Sentence of 5.4 is amended to read: "(See Section 6.10 for details."
1	2/28/01	RFP	83	6.1	Vendor Registration	Barry Shepard's e-mail address is: bshepard@gagta.com

Amendment		Amended Document	Document Location			
No.	**Date**		**Page(s)[2]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	Appendix A		Schedule of Events	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix. Note also the underlined change in the date of completion of the cost evaluation by GTA/Mercer.
1	2/28/01	RFP	Appendix B		Directions to Bidders' Conference	This attachment replaces the earlier version of this appendix, and contains updated directions and a map to the Bidders' Conference location. Page numbers have also been assigned to the amended version of this appendix. Note that all new text in the amended version of this Appendix is shown in underlined text.
1	2/28/01	RFP	Appendix C		Acronyms and Definitions	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix; otherwise, there are no changes.

[2] *This is the page number in the RFP issued on the GTA website on 02/14/01.*

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No.	**Date**		**Page(s)[2]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	Appendix D		State Health Benefit Plan (SHBP) Program Description and Statistics	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix; otherwise, there are no changes.
1	2/28/01	RFP	Appendix E		Board of Regents Health Program (BORHP) Description and Statistics	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix. Additionally, note corrected title of the Appendix and the underlined changes on the table depicting BORHP program statistics.
1	2/28/01	RFP	Appendix F		Medicaid Program Description and Statistics	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix. Additionally, note the underlined changes on the table depicting Medical Assistance program statistics.

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No.	**Date**		**Page(s)[2]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	Appendix G		PeachCare for Kids Program Description and Statistics	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix. Additionally, note corrected title of the Appendix and the underlined changes on the table depicting PeachCare for Kids program statistics.
1	2/28/01	RFP	Appendix H		Project Stages, Milestones, and Deliverables	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix. Additionally, note the underlined changes throughout the Appendix denoting new or revised deliverables.
1	2/28/01	RFP	Appendix I		Performance Standards and Goals	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix. Additionally, note the underlined changes throughout the Appendix denoting new or revised language.

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No.	**Date**		**Page(s)[2]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	Appendix J		Functional Requirements Matrices	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix. Additionally, note the underlined changes throughout the Appendix denoting new or revised language. In particular, substantial new requirements have been added to Matrix #1 for Fraud and Abuse Detection; and additional changes related to Nurse Aide Certification requirements have been included. All new or revised text is shown in underlined text.
1	2/28/01	RFP	Appendix K		References	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix; otherwise, no other changes were made.

Amendment		Amended Document	Document Location			
No.	**Date**		**Page(s)[2]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	Appendix L		Cost Proposal Requirements	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix. Additionally, please note the underlined text that depicts new additions and revisions to Appendix L.
1	2/28/01	RFP	Appendix M		Certification Regarding Lobbying Form	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix.
1	2/28/01	RFP	Appendix N		Contract Terms and Conditions	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix. The DCH will provide Contract Terms and Conditions via an amendment to the RFP at a later date.
1	2/28/01	RFP	Appendix O		Mandatory Minimum Contractor Requirements	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix.

Amendment		Amended Document	Document Location			
No.	**Date**		**Page(s)[2]**	**Section No.**	**Section Heading**	**New or Revised Text is Underlined**
1	2/28/01	RFP	Appendix P		Description of DCH Computer System and Communications Equipment	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix.
1	2/28/01	RFP	Appendix Q		Description of BOR Computer System and Communications Equipment	**Note to Bidders:** Please disregard all references to Appendix Q; it has been deleted.
1	2/28/01	RFP	Appendix R		State of Georgia Portal Strategy	The attachment replaces the earlier version of this appendix. Page numbers have been assigned to the amended version of this appendix. Note: This Appendix was provided in a ".pdf" file on the gagta.com web site.

Attachment 1

State of Georgia
Georgia Technology Authority

PROPOSAL LETTER

We propose to furnish and deliver any and all of the deliverables and services named in the attached Request for Proposals (RFP) for which prices have been set. The price or prices offered herein shall apply for the period of time stated in the RFP.

We further agree to strictly abide by all the terms and conditions contained in the RFP. Any exceptions are noted in writing and included with this bid.

It is understood and agreed that this proposal constitutes an offer when accepted in writing by the Department of Community Health (DCH); the Board of Regents (BOR) of the University System of Georgia; the Georgia Technology Authority (GTA); and the State of Georgia (State); and subject to the terms and conditions of such acceptance, this proposal will constitute a valid and binding contract between the undersigned and the State.

It is understood and agreed that we have read the state's specifications shown or referenced in the RFP and that this proposal is made in accordance with the provisions of such specifications. By our written signature on this proposal, we guarantee and certify that all items included in this proposal meet or exceed any and all such state specifications. We further agree, if awarded a contract, to deliver goods and services that meet or exceed the specifications.

It is understood and agreed that this proposal shall be valid and held open for a period of one hundred twenty (120) days from proposal opening date.

PROPOSAL SIGNATURE AND CERTIFICATION

(Bidder MUST sign and return with proposal.)

I certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, equipment, or services, and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of the proposal, and certify that I am authorized to sign this proposal for the bidder. I further certify that the provisions of the Official Code of Georgia Annotated, Sections 45-10-20 et. seq., have not been violated and will not be violated in any respect.

Authorized Signature: _____ Date: _____

Print/Type Name: _____

Print/Type Company Name: _____

Attachment 2

1.1.3 Roles of Prime Contractor

Given these key strategic objectives, bidders must understand that the GTA and DCH expect the prime contractor to fulfill three key roles:

- Define and implement information architecture;
- Provide claims and customer services administration; and
- Manage their proposed subcontractors.

These three roles are described in detail below.

Attachment 3

1.1.4.2 Compensation for Services

The prime contractor will be entitled to compensation for providing developmental and on-going support in the following areas:

- information systems architecture, development, and implementation; and
- claims administration and customer services, including the following functions:

  - staffing and management;
  - eligibility interfaces and verification;
  - processing eligibility information (eligibility and enrollment management will continue to be the responsibility of the DCH);
  - processing pended and suspended eligibility transactions from the various Medicaid eligibility determination systems;
  - benefit and fee schedule management;
  - procedures and controls for documentation storage, mail, inventory control, and retrieval;
  - service authorization management and interfaces;
  - claims processing and payment for both paper and electronic claims;
  - pended/suspended claims management;
  - adjustment claims;
  - quality assurance;
  - coordination of benefits and limited third party identification;
  - staff training;
  - provider capitation;
  - provider services;
  - member services;
  - workflow management and documentation;
  - performance standards and productivity measurement;
  - compliance with DCH policies and procedures;
  - integration with care management;
  - sophisticated auditing of provider billing and utilization practices;
  - call center management and performance reporting;
  - support for grievance and appeals management and tracking;
  - management reporting and monitoring;
  - member satisfaction surveys;
  - managing the other contractors;
  - profiling the estimated costs of benefit plan changes by modeling the impact of changes using historical claims data and maintaining all necessary documentation in compliance with any changes;
  - financial interface with state accounting system;
  - interface with decision support system vendor, and provide query tools for ad hoc reports out of the new MIS system;
  - interface with BOR data warehouse;

- interface with HMOs providing services to the BORHP as part of handling the Q-Care eligibility system responsibilities;
- interface with the Department of Human Resources (DHR) Division of Public Health immunization tracking system, and the Georgia Registry and Immunization Tracking System (GRITS). This system is not operational yet but will be by the time the new system is implemented. This system will capture immunization information from all of the public health departments across the state via a web application. The extent of the interface with the prime contractor is not certain at this time; however, DCH believes it will be limited to exchange of eligibility information between the prime contractor and the GRITS vendor.
- interface with the Composite State Board of Medical Examiners—Physician licensing and GBHC credentialing system. The prime contractor will need to accept a monthly file of activity relating to the licensing of physicians. This includes new approvals as well as providers who have been suspended or have lost their licenses. The prime contractor should include this information on all provider databases used to process claims for all DCH programs. Conversely, the prime contractor will need to provide a monthly extract of provider information to support the GBHC program. This data may be provided as real-time messaging between the MIS and LicenseEase. At this time the monthly extract is for all new providers who have joined the Medicaid program.

Attachment 4

1.1.4.4 Role of Government Project Team

The Georgia Technology Authority, the Department of Community Health and the Board of Regents will have distinct roles in the procurement and implementation of the proposed system. The following is a description of the roles and responsibilities of each entity.

GTA

The GTA contracting officer will be the only authorized single point of contact for any contract changes (via written amendments only). A project manager will be assigned by the GTA for project oversight during the procurement and implementation phases.

DCH

The Department of Community Health will have a project manager who will be the main contact for all day-to-day matters relating to the procurement, development, implementation, and operations of the DCH Third Party Administration and System Integration Project. Also, an information systems project coordinator will be assigned full-time to serve as backup to the project manager, and to coordinate activities among the contractors and all the internal and external DCH entities. Numerous other DCH staff and representatives from the BOR will be participating in the procurement and implementation effort on a full and/or part-time basis. Subject matter experts will be assigned from each DCH/BOR major functional areas.

DCH/BOR Overall Responsibilities

Some of the major responsibilities for the DCH during the duration of the contract are listed below:

- Define, determine, and interpret all program policy for the Georgia Medical Assistance Program, the State Employees Health Benefits Plan, and Board of Regents Health Plan to provide policy information to the contractor;
- Determine all coverage policy and limitations for services covered under the Georgia Medical Assistance Program, PeachCare for Kids, and SHBP. The BOR will determine all coverage policy and limitations for services covered under the BORHP;
- Define the services that require prior approval (prior authorization) or pre-certification;
- Identify services not covered under the Georgia programs;
- Establish all rates and fees associated with the procedure formulary function;[3]
- Approve the procedures established for any additions, changes, or deletions to reference data elements;

[3] *Note that the following bulleted requirement was deleted: "Provide Georgia-specific procedure codes to the contractor with appropriate database information", This was deleted because DCH will require the contractor to use HIPAA-compliant coding.*

- Establish and provide to the contractor all reimbursement rates to be paid to providers for services rendered to eligible and enrolled members;
- Establish and approve policies governing usage of all coding schemes, including procedure, diagnosis, and other coding schemes required by DCH;
- Approve all explanation of benefits (EOB) text to ensure and maintain clarity for the member correspondence;
- Determine contractor performance standards, including but not limited to:
  - Timeliness of payment processing;
  - Accuracy of payments;
  - Media of reporting requirements;
  - System documentation requirements;
  - System maintenance (coding, testing, etc.); and
  - Keying accuracy.
- Define the qualifications for staff employed by the contractor to perform professional responsibilities and specify DCH's right to review and intervene in the event there is question about such staff's qualifications;
- Determine the minimum required data that must be obtained and managed by the contractor, including the availability of such data to DCH, and the storage and destruction requirements for all data maintained;
- Determine the type, frequency, and method for all reporting by the contractor;
- Working with the GTA, establish hard copy and electronic versions of document imaging and workflow technology, disc, and electronic claim retention and retrieval standards;
- GTA, DCH and the BOR will define the technology specifications required by the contractor for interface with DCH, other DCH contractors or entities with whom information sharing is necessary to fulfill contract obligations;
- Specify the contractor's responsibilities for identification, development and maintenance of system capabilities to support the contractor's functions and all reporting required by the contractor to support operational activities or by DCH for quality control, performance evaluation and to support payment to the contractor;
- Working with GTA, review and approve contractor's security management plan, quality assurance standards, and any other materials required by the contract to be developed by the contractor and approved by DCH;
- Establish contractor performance indicators and outcome measures to be monitored and reported to DCH by the prime contractor that DCH will use to evaluate contract performance and approve contract payment;
- Establish the guidelines for contractor submission of cost saving enhancements and approve proposals for value-added enhancements eligible for shared savings reimbursement;
- Establish reductions in reimbursement for failure by the contractor to meet minimum performance standards, and a grievance procedure the contractor can follow in the event a reduction is invoked;
- Evaluate the contractor's performance according to established performance standards and request corrective action and/or apply reductions in reimbursement and damages if necessary;
- Establish time frames for contract performance and policies for amendment, termination and renewal;

- Assist in resolution of inter-contractor conflicts when the prime contractor is unable to resolve conflicts;
- Act as intermediary for correspondence and interaction between the prime contractor, the subcontractors, and HCFA;
- Identify DCH internal users and outside contractors who will have access to DCH databases and the level of access to be provided (i.e., inquiry only, inquiry and update, etc.);
- Conduct DCH status meetings concerning operation and contractor performance at least weekly during implementation and on a DCH-specified schedule during operations;
- Monitor the contractor's performance of all contractor and subcontractor activities.

DCH/BOR Responsibilities During Implementation

During the implementation phase of the contract, GTA/DCH/BOR will be responsible for the following:

- Provide access to current MMIS documentation and the Medicaid State Plan;
- Provide policy guidelines and identify any restrictions or service limitations;
- Respond to contractor inquiries related to program policy and DCH data;
- Provide state resources as agreed to in the detailed implementation plan;
- Support contractor's effort to establish necessary communication linkages between various state offices;
- Assist the contractor in identifying the source(s) of data for various databases;
- Approve project site(s) for performance of all contract activities;
- Approve prime contractor staffing plans and key personnel;
- Review and approve the detailed implementation to ensure the development methodology includes appropriate linkages with other DCH contractors and a system for review of each contractor's application and data needs within the context of the overall DCH;
- Review and approve all plans required as part of the standard contract;
- Review and approve project control and status reporting protocols;
- Review and approve draft and final contract deliverables and provide timely feedback;
- Review and approve conversion plan;
- Approve final structured system test plan;
- Approve final operations readiness/operability test plan;
- Approve final acceptance test scenarios and acceptance test transactions;
- Provide state and consultant resources to review acceptance test results;
- Approve test results;
- Inform contractor of error situations;
- Review and approve contractor's resolution and results from re-test;
- Review and approve contractor's corrective action plan;
- With the assistance of the DCH procurement consultant, review and approve operations readiness and operability check-off matrices;
- Review the operations readiness test results and problem list of outstanding issues and problems resulting from the operations readiness test;

- Provide official approval to proceed to the next project task upon completion of activities in the previous task.

The prime contractor is advised that it will need to provide workspace and support for the DCH/BOR monitoring group at their site.

Attachment 5

1.6 CONTRACT TERM

The resultant contract will begin on or about May 30, 2001, and will run separately for each program. This is because the BORHP benefit plan is based on a calendar year, while the other programs (SHBP, Medicaid, and PeachCare for Kids) are on a state fiscal year.

The DCH/BOR intend to award the contract on or about May 30, 2001; however, the first fiscal year on which the Bidder will bid is FY2002, which begins on July 1, 2001 and ends June 30, 2002.

Therefore, Year 1 is considered to run from the contract start date (on or about May 30, 2001) through June 30, 2002. The subsequent years of the base contract will run as follows:

Year 2: FY03 July 1, 2002 through June 30, 2003
Year 3: FY04 July 1, 2003 through June 30, 2004
Year 4: FY05 July 1, 2004 through June 30, 2005
Year 5: FY06 July 1, 2005 through June 30, 2006

The two additional one-year extension periods will run as follows:

Extension Year 1: FY07 July 1, 2006 through June 30, 2007
Extension Year 2: FY08 July 1, 2007 through June 30, 2008

Please note that the operational fees proposed for the BORHP represent the period January 1, 2004 through December 31, 2004 for Year 3. Subsequent years for BOR run from January 1 of a given year through December 31 of the same year.

Renewals will be scheduled as follows:

Program	Contract End Date	Effective Date of Services
Medicaid	June 30	October 1, 2002
PeachCare for kids	June 30	October 1, 2002
SHBP	June 30	On or before July 1, 2003
BORHP	December 31	On or before January 1, 2004

The effective dates of services noted above represent fixed deadlines. The selected vendor(s) must commit to meeting them or incur substantial performance penalties for delays. See **Appendix A**.

Georgia law prohibits contracting for more than one fiscal year at a time; however, it is understood that pending sufficient funding, the initial contract term will be one (1) year,

renewable annually for up to an additional four (4) years, with the possibility for two (2) additional one (1) year renewable extensions.

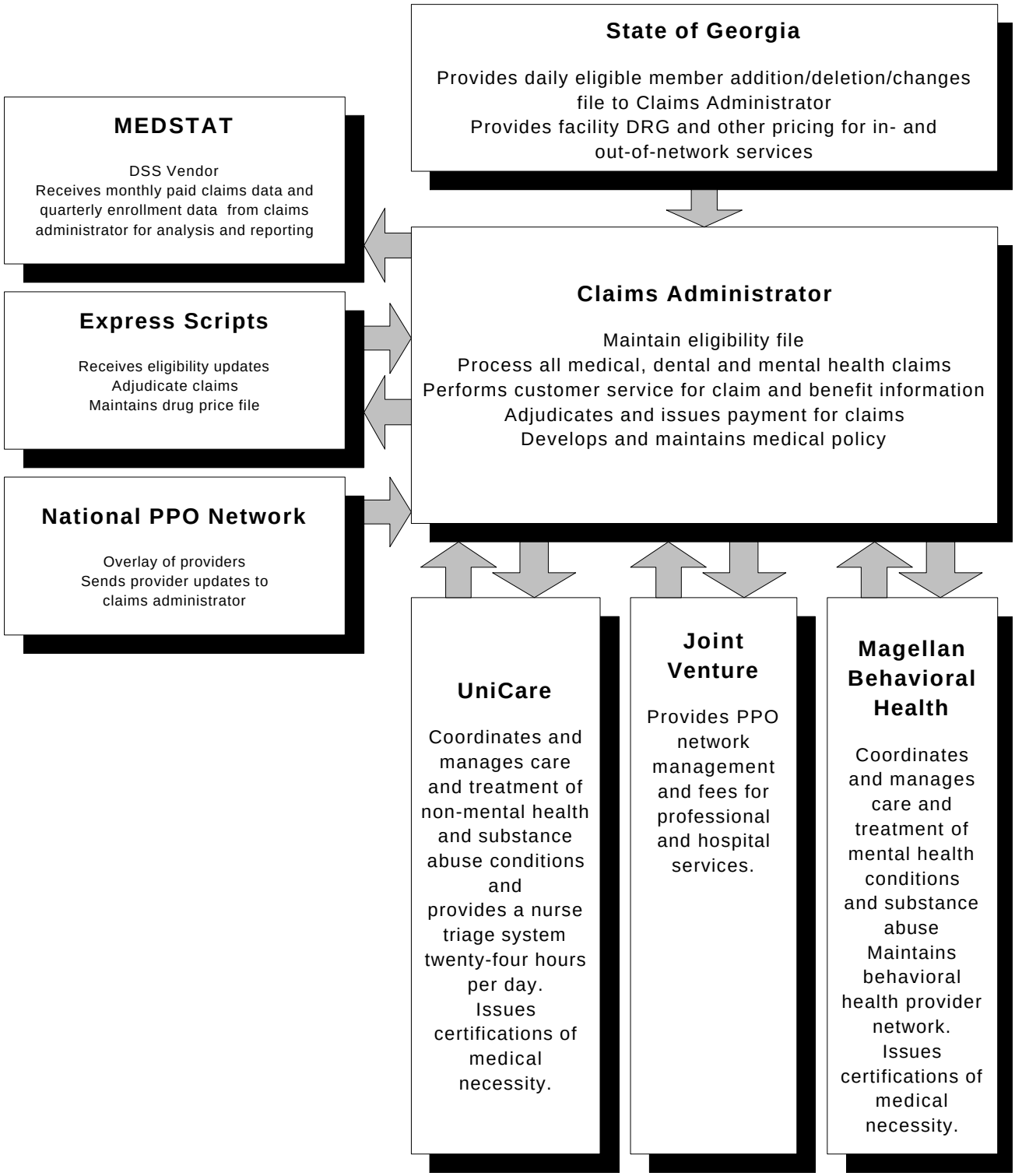
The contract will include a clause requiring the bidder to commit to providing services through a claims' run-out period of at least 12 months, in the event the contract is terminated.

~~The contract will have options to renew for two (2) additional contract periods with a contract end date as described above.~~

The annual renewal of the bidder's contract shall be based on the availability of funds and the bidder's successful contract performance the preceding year. Contract award will be by the issuance of a Notice of Award. Renewals will be accomplished through the issuance of Notice of Award Amendments.

Attachment 6

Current SHBP Transaction Flow



Attachment 7

2.2.3 Board of Regents Health Plan

The Board of Regents of the University System of Georgia contracts with DCH to coordinate the purchasing and administration of healthcare services benefits for its employees and dependents who are located in virtually every state, as well as internationally. The BOR is responsible for the administration of its respective healthcare plan options. The BORHP spends almost $172 million annually for healthcare coverage for more than 73,000 members of this population. The Board of Regents has the authority to determine the plan design for its healthcare plan options and to determine the selection of vendors that will provide healthcare plan services to its members.

The BORHP historically has offered one indemnity self-insured plan. Effective January 2001, the BORHP began offering a PPO option and a Consumer Choice PPO option, along with their indemnity plan offering, and HMO offerings. The PPO and Consumer Choice options are offered through the same statewide network of healthcare providers used by the SHBP. The BORHP is essentially similar to the SHBP in many respects; however, the following are examples of some of the exceptions:

- Currently, the BORHP year runs on a calendar year basis, which is different than the SHBP;
- The BORHP eligibility is entered by each institution with the University System of Georgia. The Board of Regents maintains a separate University System of Georgia member eligibility and claims administration system with BCBS of Georgia for participants in their indemnity, PPO, PPO Consumer Choice, and BCBS Blue Choice HMO product. Information is transmitted via the Q-Care system to BCBS and is entered directly from a University System of Georgia institution. Q-Care is linked to BCBS via PEACHNET. This differs from the SHBP eligibility, which is handled by the MEMS. MEMS is a mainframe-based system maintained by the Georgia Department of Administrative Services (DOAS). The SHBP inputs enrollment into the MEMS, which is then loaded into the BCBSGA eligibility system. Note, however, that the prime contractor is responsible for replacing the MEMS eligibility system. Thus, by the time the prime contractor begins administration of the SHBP and BORHP programs, this replacement eligibility system should be fully implemented.
- There are specific differences in the coverage offered by some of the health plans.

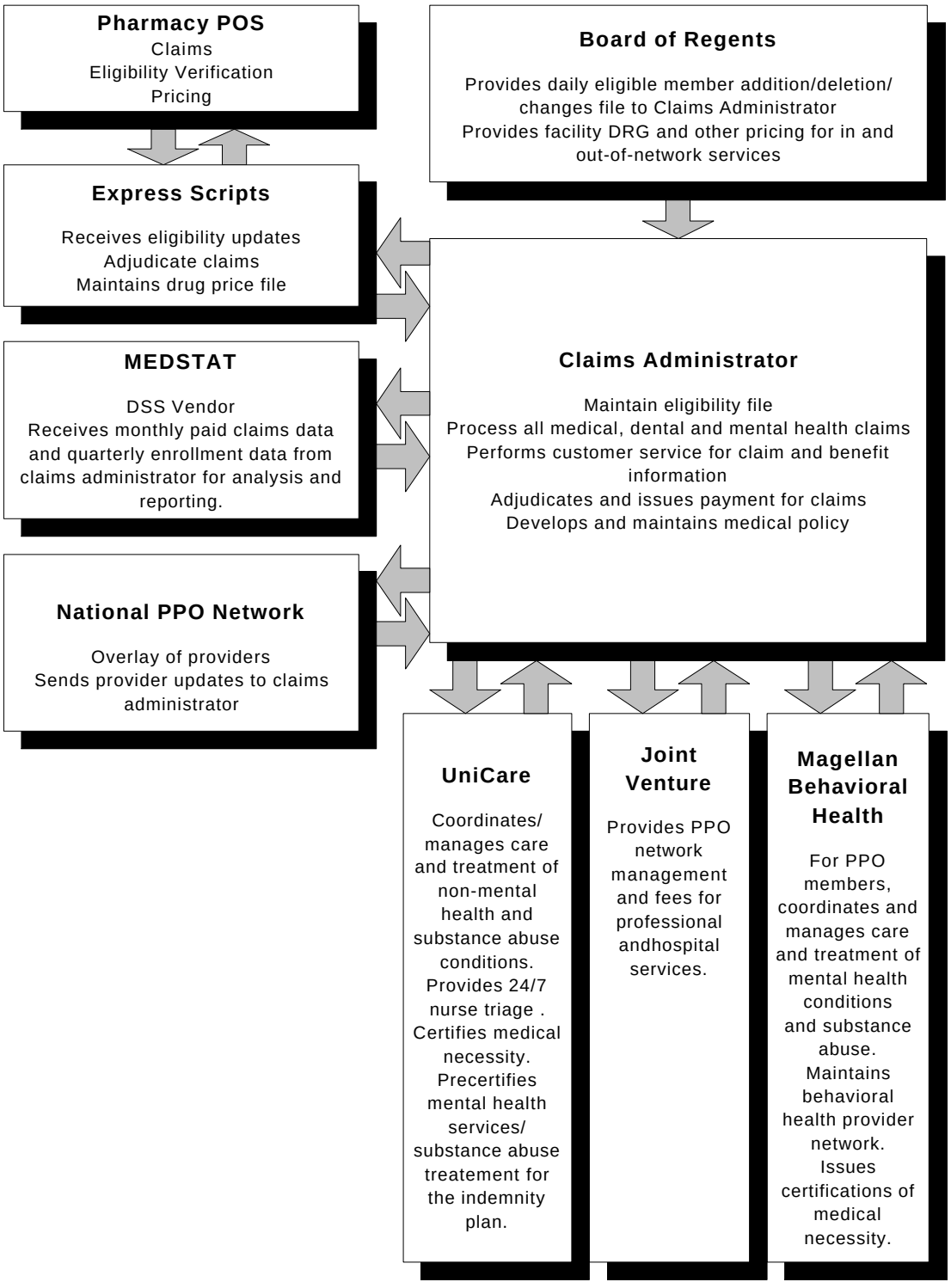
Current contracts include:

- Magellan—Behavioral Health Services Program—A program designed to coordinate and manage the care and treatment of mental health conditions and substance abuse through a network of preferred behavioral health providers. This program, administered through Magellan/Greenspring Behavioral Health Services, Inc., will remain intact for PPO participants. Blue Cross/Blue Shield of Georgia manages mental health and substance abuse services for indemnity plan participants. As part of these services, Magellan provides a behavioral health provider network and pricing; Magellan provides this pricing to BCBSGA as services are authorized via PAC records for PPO plan participants.

- MedCall—A first help triage system provided through UniCare that allows members to call registered nurses and obtain assistance in selecting appropriate healthcare information 24 hours per day. MedCall personnel will also refer members to in-network providers where possible.
- UniCare—Centers of Excellence Transplant Network Program—A national network of credentialed providers selected according to documented standards of clinical expertise measured through outcomes, volume of procedures, and cost efficiency, provided through UniCare. The Centers of Excellence Transplant Network steers patients towards selected heart, liver, lung, and bone marrow transplant specialists. The program provides literature-based protocols, which guide the physician reviewers and the transplant panel in making all medical review determinations.
- UniCare—Utilization Management Program—Utilization management services for medical benefits are performed by UniCare. The Medical Certification Program (MCP) requires advance certification for care that involves overnight hospitalization for medical and surgical treatment, and for selected outpatient procedures.
- Express Scripts (effective January 1, 2001)—Administers a three-tiered pharmacy benefits card program for the BOR. ESI receives BOR member eligibility information directly from a BCBS Q-Care system feed. ESI bills the BOR directly for reimbursement of pharmacy claims costs and plan administrative fees.
- The Joint Venture (between MRN and Georgia 1st) which provides the PPO network for both the SHBP and BORHP. This joint venture assembles the provider network (other than hospitals, which are directly contracted by the DCH for all programs) and National PPO Network overlay of healthcare providers, and sends provider updates to the current vendor, BCBSGA.

The flow chart on the following page depicts the BORHP transaction flow.

Current BORHP Transaction Flow



Attachment 8

3.3.1 Vendor Characteristics

The DCH has determined that it wishes to secure a contract with a Prime Contractor that best exhibits the following characteristics:

- Based on a contract award date on or about May 30, 2001, the ability to implement and support administration of the DCH programs by the deadlines specified in Section 3.5;
- Advanced use of technology, including significant expertise in systems integration, creation of interfaces, web-enabled e-commerce development, HIPAA compliance, sophisticated EDI/autopay functionality, the use of web-enabled interfaces (GUI interfaces), and the use of Internet 'wrapper' functionality as described in Section 1.1.5. This should include the ability of healthcare claims submitters to obtain immediate feedback at the time of submission regarding the status of each claim to be processed (i.e., with respect to patient eligibility, benefit coverages and exclusions, allowable fees, coding completeness, and accuracy, etc.);
- Successful experience with large accounts (defined as 250,000 lives and above), including demonstrable experience with large accounts on the proposed claims engine. Note, if two claims processing systems are proposed, large-scale experience (250,000+ lives) is required for both systems;
- Ability to routinely consolidate pharmacy benefits manager, health claims, utilization manager, and other data sets via ad hoc requests, as described in Section 1.1;
- Successful experience with complex interfaces to third-party vendors, such as Magellan and UniCare PAC, and inquiry interfaces;
- Inquiry tracking and referral system accessible by other vendors and the client;
- A Georgia office with either claims administration, customer service, or account management;
- A physician indemnity network comparable to the DCH's PPO vendor (MRN and Georgia 1st), a National PPO vendor (to be named), or BCBSGA;
- Advantageous administrative pricing;
- Advanced use of technology, including sophisticated EDI/auto pay functionality and the use of web-enabled interfaces;
- Ability to support the various eligibility characteristics of the different benefit plans (i.e., MEMS support for the SHBP, initially an interface with PeopleSoft system for BORHP eligibility, and the eligibility complications associated with Medicaid and PeachCare for Kids); and
- Demonstrated ability to comply with the DCH performance requirements, including standards for:
  - claims adjudication accuracy;
  - claims adjudication timeliness; and
  - customer service standards for member and provider service.

See **Appendix O** for Minimum Mandatory Vendor Requirements.

See **Appendix I** for Performance Standards and Goals.

See **Appendix J** for Functional Requirements Matrices that must be responded to for each of the health program systems. Functional requirements include, but are not limited to, the following:

- Ability to meet federally mandated reporting requirements, as well as the DCH ad hoc reporting requirements (**Appendix J** includes a description of federally mandated reports);
- Ability to provide other miscellaneous requirements, such as language translation services, etc.;
- Ability of the bidders' proposed system(s) to comply with the DCH requirements related to systems architecture:
  - systems proposed by the bidder must be based on modern, open software architectures, platforms and tools that support the DCH's requirements for flexibility, extensibility, connectivity and ease of use, data interfaces, reporting, and analysis.
  - systems proposed by the bidder must make maximum use of the Internet to promote the broad and rapid acceptance of the DCH e-commerce solutions to increase the speed of processing, reduce transaction turnaround times, reduce administrative errors, and reduce paper-based transactions and associated costs. E-commerce solutions must be integrated with the GTA's Internet portal (see **Appendix R** for more information).
  - systems proposed by the bidder must comply with all HIPAA standards, including transaction, common identifier, and privacy and security standards, by the effective date of those rules, as well as leverage these rules to achieve consistency in data collection, validation, storage, retrieval, and consolidation across all the DCH health plans.
  - systems proposed by the bidder must be based on an information architecture that heavily leverages open systems technologies for making connections between all the DCH systems, including claims, medical management, reporting, and so on. This architecture should foster the DCH's ability to rapidly select, implement, and integrate 'best of breed' vendors into its overall operations.
  - systems proposed by the bidder must be highly flexible, based on the use of relational data base management systems, table-driven logic, object- or component-based design, and modern user and data interfaces. Given this requirement, the DCH is willing to consider systems that are still in the development stages at this time. However, to the extent any legacy systems are used, the DCH requires that these will be 'wrapped' as objects and will communicate via web-based and open systems interfaces. Legacy systems may be proposed by the bidder; however, please note they will likely have a negative evaluation factor associated with them.
  - systems proposed by the bidder must employ maximum consolidation of information systems across the DCH's member populations. This means, for example:
    - the prime contractor would provide claims administration support for SHBP, BORHP, Medicaid, and PeachCare for Kids using a single claims administration application system;
    - failing implementation of a single application, the prime contractor must, at least, provide the appearance of a single application using a consolidated set of web-based and open systems interfaces to enable the real-time consolidation of data across application systems. Further, in the case of multiple claims administration systems, the prime contractor will embed 'wrapper' logic that will direct transactions and inquiries to the proper system in a manner that is transparent to the user. See Section 1.1.5 for an explanation of our use of the term 'wrapper'; and

    - Regardless of whether one or two applications are used, checks and remittance advices must be consolidated across all patients. This means, for example, that a provider seeing both Medicaid and SHBP patients would receive a single check (or EFT) and a single remittance advice (~~or~~ electronic remittance advice) for all of those patients.
- ability to meet the DCH technical standards for user interface, connectivity, data management, and reporting tools and platforms, including online access to the claims database;
- ability to meet the DCH's infrastructure and technical requirements related to the development methodologies used, and applicable standards for software development;
- ability to meet the DCH's requirements for multiple levels of system security;
- ability to meet the DCH's requirements for data conversion by assuring that all existing historical data are retained; and
- provision of well-documented and comprehensive implementation plans for Phase I and Phase II activities.

Attachment 9

3.5 DEADLINES

Based on a contract award date on or about May 30, 2001, the successful vendor(s) must commit to an implementation and support administration of:

- Medicaid and PeachCare for Kids system implementation by October 1, 2002;
- SHBP system implementation and operations on or before July 1, 2003;
- BORHP system implementation and operations on or before January 1, 2004;
- HIPAA compliance for all programs by federally mandated deadlines;
- Consolidation of all populations except BOR on a single platform (or the appearance of a single platform) on or before October 1, 2003; and
- Consolidation of all programs on a single common platform (or the appearance of a single platform) and data repository on or before January 1, 2004.

These schedules and deliverables are fixed—the selected vendor(s) must commit to meeting them or else incur substantial performance penalties for delays.

Attachment 10

4.7.1 Project Organizational Structure

Describe the overall organization of this project, in no more than eight (8) pages, including the following:

- If multiple vendors are bidding together (i.e., one for systems and one for administration) the vendor performing claims administration must be designated as the prime contractor;
- Overview of functions to be undertaken by the primary bidder;
- Overview of functions to be undertaken by subcontractors;
- Description of physical location of each function, including especially an explanation of which functions would be located within the state;
- Unit or office of the primary bidder's organization, which will be responsible for project implementation and on-going administration; and
- Supervision to be provided by the primary bidder of activities undertaken on this project.

Describe organizational structure with supporting charts for the 'development period' and the 'implementation period'. Include both a discussion of the proposed internal management structure of the claims and customer service administration operations and the supervision to be provided by the bidder for the claims administration operation project director. Note, the DCH will require separate operational units for supporting the commercial groups (SHBP and BORHP) and the Medicaid groups (Medicaid and PeachCare for Kids); the description of the organizational structure and supporting charts should recognize this requirement.

Describe approach for managing the program with oversight by the DCH (include strategies for feedback to and from the DCH, formal and informal communications, obtaining the DCH approval of changes in software or procedures, etc.).

Attachment 11

4.7.2 Project Staffing during Development and Implementation Period

The bidder must designate a project team for the development and implementation period comprised of a project director and key personnel. This section should be no more than five (5) pages, excluding resumes and references.

The overall account manager should have overall responsibility for the implementation of the new program design required under this RFP, including implementation of the system, other systems support, and the administration of the program using the system. This individual must be available for weekly project meetings at the DCH beginning on or about June 4, 2001, and extending to the successful implementation of program requirements in this RFP as determined by the DCH. This individual need not be assigned an on-going role in the claims administration operation following successful implementation; however, DCH expects a transfer of knowledge between the development project director and the implementation ongoing project director.

Attachment 12

4.7.5 Data Conversion

The DCH is requesting that each bidder describe, with a five (5)-page limit, its conversion approach for each type of data. Note, the bidder must assume responsibility for mapping data from the source tables and for resolving errors. Issues to discuss for each type of data include:

- Automated versus manual conversion of data—Will data be converted automatically, manually, or automatically with manual checking?; and
- Destination and use of converted data—Will the converted data be included in the regular system tables (in the new system) or stored in separate "prior history" tables? Will the converted data be used in the same way or differently from new data entered into the system (i.e., will converted transaction data be used directly to develop subtotals and accumulators, or will these subtotals and accumulators be separately calculated and stored in a static fashion)?
- Discuss plans for addressing data that does not cleanly convert to the new system. What approach will be taken to map this data, and what provisions exist for data that cannot be converted?

Describe the approach to data conversions (i.e., the number and timing of history conversions during the transition period, and the handling of accumulators). The approach must include conversion of all systems currently in use that are a part of this procurement, including the MEMS (BCBS eligibility system for BORHP).

Attachment 13

4.8.1.2 System Enhancements and Testing

Describe and compare your test environment to the production environment.

Describe your process for adhering to a standard enhancement methodology, and tracking system enhancements and modifications. Discuss the following:

- User acceptance testing and sign-off;
- Parallel testing;
- Unit testing;
- System testing; and
- Integration testing.

This section has a three (3) page limit.

Attachment 14

4.8.2.3 Enrollment Application Processing and Eligibility Management

Provide a description, with a four (4)-page limit per phase, how enrollment application processing and on-going eligibility management will be organized. Provide separate discussions for SHBP and BORHP versus Medicaid and PeachCare for Kids, recognizing the major differences in the requirements between these programs.

Include a description of your approach to enrolling newborns and presumptively eligible members for the Medicaid program in a timely manner.

Include a description of how you will develop an eligibility system to replace the existing MEMS currently used to support SHBP. This system must incorporate the functionality outlined in this RFP with regard to member eligibility for the SHBP and (possibly) BORHP programs. It must be a web-enabled application and must provide at least nightly updates (preferred real-time updates) to the MIS.

Your response should also include a description of your solution to issuing member identification cards for all DCH populations. Specifically discuss any experience with implementing Smart Card technology. Additionally, Describe your ability to support eligibility verification or inquiries via the Internet.

Attachment 15

4.8.2.4 Voice Communications Plan

Telephone call volume for SHBP and BORHP programs, historically, has been high compared to the number of members; call volume for the Medicaid and PeachCare for Kids programs also is traditionally high. Bidders must assure that the voice communication system proposed can support the telephone reporting requirements. With a five (5)-page limit per phase, up to a total of 10 pages, bidders must complete the information requested below.

Describe how telephone coverage will be organized for both the Development and Implementation Project periods. Include a discussion of any call center methods to respond to unanticipated short-term increases in telephone call volume and to guarantee uninterrupted telephone service. Describe any technology solutions proposed to minimize telephone call volumes and institute more of a client self-service environment.

Given the DCH's desire to achieve customer service access and responsiveness performance standards as described in **Appendix I**, please describe the telephone equipment and voice lines proposed to support the customer service operation. At a minimum, the bidder must address:

- How residents of every part of Georgia and how plan members residing outside the State of Georgia will be provided with toll free access to customer service staff;
- The level of dedicated incoming capacity (i.e., concurrent callers) the system will provide;
- The level of dedicated outgoing capacity the system will provide;
- The level of capacity available for use by either incoming or outgoing calls;
- Provisions to allow an increase in incoming capacity if needed;
- Call distribution system incorporated into the selected system;
- Real-time monitoring of call center call volumes;
- Recorded messages to be used in the proposed telephone system;
- How callers will queue if staff cannot immediately answer an incoming call;
- Voice mail procedures;
- Management reporting to identify problems and meet DCH required reporting, including the number of member inquiries, average wait time, call abandonment rate, and breakout by type of call and volume by type. Please provide a copy of your call tracking system reports; and
- Staffing ratios to membership.

Describe how members will secure telephone access to customer service representatives. Given the many service options (800 service, local service, ACD system, switch, headsets, etc.) generally associated with any one phone system, bidders must demonstrate either in-house expertise sufficient to manage these complex components or must secure the services of a full service support bidder.

Provide at least two (2) references (include name, organization, telephone number, and e-mail address) from current clients who can attest to the bidder or subcontractor's ability to respond quickly and effectively to telephone problems of all types.

Describe any additional features of the telephone system that will allow the bidder to provide high quality telephone access to members, providers, and the public. Such features could include but are not limited to computer telephony integration (CTI), interactive voice response (IVR), automated call tracking, or scripting.

Describe your call center's capabilities for handling large blocks of new members.

Describe how the hardware configuration will support the anticipated increase in clients and associated phone traffic.

Propose alternative solutions (other than the traditional telephone call center approach) to providing customer service to providers, members and the DCH. Include a discussion of non-voice solutions.

Attachment 16

4.8.2.5 Provider Management and Maintenance

Describe how you will manage the following aspects of providers and fee schedules (four (4) page limit):

- A stable in-state physician network for the SHBP and BORHP indemnity products;
- Maintaining consistent, yet distinct, provider information across all benefit programs, including the issue of accepting and validating updates from multiple sources (i.e., Medicaid and PeachCare for Kids provider maintenance, physician indemnity network for SHBP and BORHP, PPO network for SHBP and BORHP, Consumer Choice option providers by member);
- Provide in-state Provider Representatives to assist providers and conduct provider training;
- Maintaining fee schedules for the various benefit programs, including multiple fee schedules simultaneously (i.e., Medicaid and PeachCare for Kids, indemnity network for SHBP and BORHP, PPO network for SHBP and BORHP, Consumer Choice option providers by member) and tracking fee schedule changes over time; and
- Conducting fraud and abuse programs for SHBP, BOR, Medicaid and PeachCare for Kids.

Attachment 17

4.8.2.5.2 Provider Appeal Process and Grievance Hearings

Please describe your approach to providing grievance, hearing, and appeal support on behalf of the Department as required; include a discussion of your process for maintaining documentation and generating reports to support the provider appeal process and grievance hearings. This question has a two (2) page limit.

Attachment 18

4.8.2.5.5 Nurse Aide Training Programs

DMA requires that nurse aides for nursing facilities be certified prior to employment at a nursing facility. Nurse aide training programs are operated by various public and private entities throughout the State, and DMA requires that these programs be approved and certified in order for nurse aides to be considered "certified" in Georgia. Nurse aides who complete a certified training program and pass an exam must be registered in the State of Georgia Nurse Aide Registry. Nursing facilities and other healthcare providers use the Registry to inquire into the certification status of applicants for nurse aide positions.

Please describe the measures you will take to:

- Certify both public and private sector Nurse Aide Training Programs and conduct onsite reviews at least 80 times per quarter, including conducting unannounced site visits to verify that the program is performing according to DMA standards;
- perform staff development reviews at nursing facilities to ensure that nurse aides have evidence of current certification including 12 hours of continuing education annually;
- update Nurse Registry certification records with information obtained during the staff development reviews;
- develop and maintain a registry of certified nurse aides that includes updating the database with (1) daily entry of nurse aides completing certified training courses, and (2) recertification of nurse aides which includes verification of 12 hours of continuing education credit obtained annually;
- provide an Internet application for providing information regarding the Nurse Aide Training Program, the Nurse Registry, the exam and the reporting of patient abuse and other adverse findings;
- issue a certification and duplicate documentation and cards to the nursing facility and the nurse aides;
- provide information for the certification of out-of-state nurse aides; and
- maintain a process to enter adverse findings and court convictions against nurse aides in order to conform to Federal regulations.

Give a description of how you will accommodate these requirements. This question has a two (2)-page limit.

Attachment 19

4.8.2.6 Claims Processing

Describe, with a ten (10)-page limit per phase, how claims processing will be organized to include descriptions of:

- Plan for minimizing paper claim submission and maximizing electronic claims processing;
- Data capture and editing, including use of imaging/OCR for paper claims and EDI in the HIPAA environment;
- Inventory controls and procedures to assure that all claims received by the vendor are accounted for and processed;
- Batching and routing of claims, correspondence, and requested documentation from members and providers;
- Document tracking after leaving mailroom;
- Autopay technology;
- Security edits, overrides, and internal controls;
- Integration with PAC records from care management vendors, such as UniCare and Magellan;
- Workflow management and queuing for claims that do not pass autopay edits;
- Maintaining provider network data, including accepting provider information data from third-party networks, such as the Joint Venture PPO Network and National PPO Network;
- Matching claims to providers, especially among different contracts or payment arrangements (i.e., indemnity, PPO, CCO, Medicaid, and PeachCare for Kids);
- Support for advanced payment arrangements, including DRGs, nursing home case mix, etc.;
- Support for administration of different reimbursement arrangements across different defined medical service areas within the State of Georgia;
- Handling COB and subrogation, including the issue of state-on-state TPL (i.e., both spouses employed by state or by BOR system (or one by each system), and enrolled as subscribers and dependents for healthcare benefits);
- Provide cost avoidance for claims processing, even though other functions for third party recovery have been carved out of this procurement;
- Verify that all claims are processed in compliance with state and federal requirements for timeliness and accuracy, and provide a copy of your claim management reports for monitoring the timeliness and accuracy of the claims processing function;
- Process Medicaid as secondary payer for both maintenance of benefits and copay reimbursement under managed care;
- Process claims received from a Medicare intermediary at the detail level and in the same manner as other provider submitted claims;
- Support for claims rebundling and defragmentation, including package used and rules supported;
- Support for generating explanation of benefits (EOB) and electronic provider remittance advices, including the ability to generate multiple messages per claim and the different messages to members and providers for the same claim. Address generating individual EOB forms per covered person to support HIPAA requirements;

- Consolidate multiple payments to a single provider on a single check and in supporting electronic funds transfer for all providers;
- Ability to issue multiple EOBs, remittance advices, and payments consolidated under single envelopes in zip code order to qualify for first class, pre-sort mailing rates;
- Check reconciliation procedures; and
- Ability to perform workers' compensation determination and data matches with the workers' compensation system.

Attachment 20

4.8.2.7 Fraud and Abuse

Describe, with a three (3)-page limit, the following activities you will undertake to prevent fraud and abuse in the DCH/BOR programs, including descriptions of:

- Process (including your vision, experience, software, and other technological resources) used to conduct a comprehensive review and analysis of paid and denied Medicaid, SHBP, and BORHP claims to identify patterns of fraud, abuse and waste; and the steps to review such cases while adhering to NCCP standards. Fraud and abuse can include: excessive billing; inappropriate billing practices; unnecessary utilization; and clinically inappropriate services;
- Your ability to conduct a comprehensive analysis on both providers and recipients;
- Processes used to: recognize new or emerging fraud or abuse billing schemes; recommend actions to prevent and deter future fraud and abuse in DCH/BOR programs; and recommend pre-pay system edits to prevent fraud and abuse, including edits for Medicare fraud alerts, MMIS edits, Auto Audit and EOB messages pertaining to preventive and pre-payment fraud control mechanisms and procedures;
- Support for DCH/BOR when a recoupment action is initiated based on the contractor's findings; specifically, describe anticipated time, staff, and assistance in any legal proceedings that ensue, including but not limited to review of records, reports and data; preparation of testimony; and appearance and testimony at depositions and hearings;
- Your understanding of the adjustment process and how it is incorporated into data analysis;
- Your policies for the pre-approval process, coverage limits, edits, and use of multiple identification models to detect fraud, including detection of possible fraud at multiple levels. These levels include but are not limited to:
  - examining a single claim transaction;
  - examining relationships between one provider and one patient that examine the overall volume and nature of services delivered to that patient by that provider;
  - examining relationships based on the history of a patient (aggregating across all providers) or overall practice patterns of providers (aggregating across all patients);
  - detecting fraud and abuse which may be distributed within one practice;
  - looking for billing patterns that might occur in an institution, such as a nursing home;
  - looking at patterns of claims activity by groups of practitioners affiliated with one another through practices, clinics, or other cooperative business arrangements where several providers set up and continually refer to and from themselves;
  - looking for billings of combinations of codes that represent unbundling or unnecessary services;
  - looking for billing patterns that may be suggestive of fraud or abuse (i.e., submitting old claims after a recent claim has been paid);
  - examining geographic relationships between providers and recipients that might be suggestive of fraud and abuse;
  - looking for billing a limited number of procedures that account for extraordinarily high percentages of paid claims;

  - looking at relationships between denied claims and paid claims to determine if a pattern exists that is suggestive of fraud and abuse.
- Your ability to provide a justification/explanation for any determination of fraud, abuse and waste; and for any overpayments identified;
- Your ability to provide DCH/BOR with data in a report format that both identifies current fraud and contains recommendations for system edits to prevent further fraud, both pre- and post-payment;
- Your ability to provide reports that contain, as an attachment, the descriptive definitions of any MMIS or Contractor fields, or codes that exist within the report;
- Your ability to provide a report user manual;
- Your ability to reduce the proportion of "false positives", reducing time wasted investigating bad leads.

Attachment 21

4.8.2.9 Member Service Management

Describe your member record reconciliation process for each of the following:

- Member records that fail edits during the upload/interface process;
- Research and correction of pended eligibility update transactions that fail edits; and
- Accommodating Medicare Part A and B Buy-In files and resolving any discrepancies between the data supplied by HCFA and the data on the MIS system.

This question has a one (1)-page limit.

Attachment 22

4.8.2.9.2 Member Appeals Process and Grievance Hearings

Describe your approach to providing grievance, hearing, and appeal support on behalf of the Department as required; include a discussion of the process you will use to document and monitor the member appeals process and grievance hearings. This question has a one (1)-page limit.

Attachment 23

4.8.2.9.4 HEALTH CHECK (EPSDT)

HEALTH CHECK is the State of Georgia's Early Periodic Screening, Diagnosis and Treatment (EPSDT) program for Medicaid members from birth to age 21. This program provides early detection and treatment of conditions to correct or ameliorate defects and chronic conditions. Describe the method you will use to:

- Track abnormal HEALTH CHECK screens and abnormals screens referred for treatment;
- Track number of recipients referred for treatment from abnormal screens;
- Screen and refer members into the HEALTH CHECK program;
- Promote full program participation, including monitoring appointment scheduling and mailing appointment reminders; tracking and follow-up on scheduled appointments and referrals;
- Contact parents and guardians of eligible members who are overdue for screening within the designated timeframes;
- Generate a roster containing the screening status of each assigned member under age 21;
- Run a roster for the last screen done and the next screen due based on the recipients date of birth;
- Run report of all Medicaid providers;
- Create a report of all HEALTH CHECK provider names listed by county on a schedule determined by DCH;
- Create notifications of HEALTH CHECK screens for pregnant women;
- Create HEALTH CHECK dental notifications;
- Distribute HEALTH CHECK rosters to providers;
- Increase program participation of members who are eligible for the program;
- Develop procedures to decrease the incidence of failed appointments; and
- Interface with the Statewide Immunization Tracking Registry–GRITS.

This question has a three (3)-page limit.

Attachment 24

4.10.2 Minimum Turnover Requirements

The prime contractor will be responsible for providing the state with several items to support turnover activities. At a minimum, the prime contractor will:

1. Develop a Georgia MIS Turnover Plan, which must include at a minimum:
   a. Proposed approach to turnover;
   b. Tasks and phases for turnover;
   c. Schedule for turnover;
   d. All Georgia MIS production data , program libraries, and documentation including documentation update procedures during turnover; and
   e. The process for meeting DCH's contractual requirement that the selected vendor must either provide source code for all applications, or escrow the source code.
2. Develop a Statement of Requirements for Georgia MIS Operations.
   As a part of the turnover plan, the prime contractor shall furnish a statement of resources that would be required by the state or another contractor to take over operation of the Georgia MIS. If the prime contractor alone is being replaced, the statement would be limited to the number and types of staff employed by the prime contractor in order to effectively coordinate all subcontractors. For a large scale turnover involving some or all of the subcontractors and the prime contractor, this statement shall include:
   a. An estimate of the number, and salary of personnel to operate the equipment and perform the functions needed to support the MIS. The statement shall be separated by the type of activity of the personnel, including, but not limited to the following categories:
      i. data processing staff,
      ii. computer operators,
      iii. systems analysts,
      iv. systems programmers,
      v. programmer analysts,
      vi. data entry staff,
      vii. document imaging and workflow technology operators,
      viii. management engineers,
      ix. provider services staff,
      x. administrative staff,
      xi. provider field representatives,
      xii. clerks, and
      xiii. managers;
   b. The statement of resources will also include a statement of all facilities and other hardware necessary to support the operation of the Georgia MIS, including , but not limited to:
      i. data processing and document imaging and workflow technology equipment,
      ii. system and special software,
      iii. other equipment,
      iv. telecommunications circuits,
      v. telephones, and

vi. office space (both in Atlanta and remote);

c. The statement of resource requirements must be based on the contractors experience in the operation of the Georgia MIS and shall include information on actual contractor resources devoted to the operation of the system; and
d. The prime contractor shall provide a detailed organization chart for the project depicting the prime contractor's total Georgia MIS operation.

3. Provide Turnover Services
When requested by the DCH and/or BOR for its plan, the prime contractor and his subcontractors, shall provide turnover services to the state and the incoming prime contractor and his team of subcontractors. The following are the minimum requirements for this task:
   a. When requested by the state, arrange for the transfer of all Georgia MIS source programs using an appropriate media such as magnetic tape;
   b. When requested, transfer to the state or it's agent, as directed by DCH, a copy of the enhanced Georgia MIS including:
      i. All necessary data and reference files on magnetic tape cartridges, or other appropriate media and imaged documents stored on document imaging and workflow technology and magnetic disk,
      ii. All production computer programs on magnetic tape cartridges, or other appropriate media,
      iii. Job Control Language (JCL) on magnetic tape,
      iv. All other documentation, including but not limited to, user manuals, operations manuals, and system documentation, in both hard and soft copy format , needed to operate and maintain the system, and
      v. Procedures for updating computer programs, JCL, and other system documentation;
   c. Train the state staff or its' designated agent, in the operation of the Georgia MIS when requested. Such training must be completed at least two months before the end of the contract. Such training shall include:
      i. Data entry, document imaging and workflow technology, and claims processing,
      ii. Computer operations,
      iii. Controls and balancing procedures,
      iv. Exception claims processing, and
      v. Other manual procedures;
   d. Provide updates or replacements for all reference files, computer programs, JCL, and all other documentation that will be required by the state or their designated agent to operate the Georgia MIS when requested;
   e. At a turnover date to be determined by the state, provide to the state or its' agent all updated computer programs, data and reference files, JCL, and all other documentation and records that will be required by the state or its' designated agent to operate the Georgia MIS; and
   f. Following the turnover of operations, provide the state a turnover results report that will document completion of all tasks at each step of the turnover plan.
4. Provide Post Turnover Services including the following:
   a. Ensure that the Georgia MIS system will be error free when turned over to the state or its' designated agent at the end of the terms of the contract;

b. Correct, at no cost to the state, malfunctions that existed in the system prior to turnover or caused by a lack of support at turnover, as determined by the state; and
c. Provide support for the turnover up to 180 days after the turnover date.

The bidder is to describe how it will meet these Minimum Turnover Requirements (five (5) page limit).

Attachment 25

5.2 PROPOSAL MINIMUM SUBMISSION REQUIREMENTS REVIEW

The minimum requirements for a proposal to be given consideration for a complete evaluation are as follows:

- positive response to all minimum mandatory requirements;
- adherence to all response requirements set out in the RFP;
- adherence to all time frames and proper appendices and forms as prescribed in this RFP (or subsequent department formal documents); and
- acceptance of all conditions described in this RFP, including but not limited to, those described in the Contract Terms and Conditions.

Attachment 26

5.3 EVALUATION OF TECHNICAL PROPOSAL

The Evaluation Committee will allocate up to 1,040 points to each bidder meeting the proposal minimum submission requirements. The technical portion of the proposal will be worth a maximum of 650 points, and the cost portion of the proposal will be worth a maximum of 350 points. Forty (40) additional points may be awarded for bidders who comply with the Minority Business Policy and Tax Incentives Requirements described in Section 6.10.

We reiterate that DCH is requesting, via this RFP, innovative and creative technology and operational solutions to accomplish DCH business functions. It is imperative to stress to potential vendors that DCH is not interested in traditional MMIS systems, nor a standard commercial system. Instead, DCH is looking for the prime contractor/system integrator to propose an innovative solution that is flexible and scalable as requirements for DCH evolve over time. Additionally, as discussed in the RFP, DCH requires continuous technology refresh assessment and replacement on an annual basis as needed. For meeting the same base requirements, DCH will award more points for bidders that propose innovative and creative technology and operational solutions that foster the ability to rapidly and efficiently add new functionality over time.

For the Technical Proposal, each proposal will be evaluated and assigned point scores based on the categories in the following table:

Scoring Category	Points
1. Bidder's ability to meet claims administration requirements of SHBP, BORHP, Medicaid, and PeachCare for Kids by the required timeframes.	Up to 200 points
2. Bidder's ability to provide management services for all subcontractors proposed.	Up to 50 points
3. Bidder's ability to demonstrate effectively and timely manage and execute large, complex implementation projects, as demonstrated via its responses to RFP questions regarding project management, testing approaches and time lines, and client references.	Up to 75 points
4. Bidder's commitment to continuous review of systems and operations with a focus on both operational and technological improvements.	Up to 50 points
5. Organizational qualifications, including bidder experience, reputation, and financial strength.	Up to 25 points
6. Characteristics of the system and the proposed system architecture, including the use of modern technology platforms, tools, and architectures that will provide flexibility and extensibility to the system over time, the ability to support the consolidation of data in real-time, and the ability to support e-commerce through integration with GTA's portal. Innovation and creativity of technical proposal.	Up to 150 points
7. Oral Presentations	Up to 40 points
8. Vendor demonstrations/site visits	Up to 60 points
9. Additional possible points awarded for Minority Business Policy and Tax Incentive (See Section 6.10).	40 points